

PTO-904 (02-05)

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**Request
For
Continued Examination (RCE)
Transmittal**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/879,329
Filing Date	June 12, 2001
First Named Inventor	Ethan R. Signor
Art Unit	1636
Examiner Name	Sullivan, Daniel M.
Attorney Docket Number	408445

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. Other _____

b. Enclosed

i. Amendment/Reply

ii. Affidavit(s)/Declaration(s)

iii. Information Disclosure Statement (IDS)

iv. Other: Petition for Extension of Time, Certificate of Transmission

2. **Miscellaneous**

a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(f) required)

b. Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 12-0900

i. RCE fee of \$385 required under 37 C.F.R. 1.17(e)

ii. Extension of time fee of \$510 (37 C.F.R. 1.126 and 1.17)

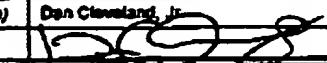
iii. Other _____

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Don Cleveland, Jr.	Registration No. (Attorney/Agent)	36,108
Signature		Date	April 15, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that the correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print /Type)	Janice Price
Signature	
Date	April 15, 2005

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.7 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8188 and select option 2.

PAGE 313 * RCVD AT 4/15/2005 6:08:20 PM (Eastern Daylight Time) * SVR:1USPTO-EXIFR-111 * DMS:3720306 * CSD:7209313001 * DURATION (min:sec): 00:00:00 * DA: 05/23/2005 PSTANBAC 0000011 120000 * Sale Ref#: 00000011 Date: 05/23/2005 120000 DA: 01 FC:1601 79879329

Adjustment date: 09/15/2005 SDIRETAA1 09879329
05/23/2005 PSTANBAC 0000012 120000 CR
05/23/2005 510.00 CR
01 FC:2253

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PTO/SB/22 (13-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818))		Docket Number (Optional) 408445																		
Application Number 09/879,329		Filed June 12, 2001																		
For Removal of Selectable Markers from Transformed Cells																				
Art Unit 1636	Examiner Sullivan, Daniel M.																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1680</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1680	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																		
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0600. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																				
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 36,108</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p>Registration number if acting under 37 CFR 1.34. _____</p>																				
<p>5/23/2005 PSTANAC 00000010 120500 09879329 Date Ref: 00000012 DAB 120500 09879329 FC:2253</p> <p>510.00 AM Signature Dan Cleveland, Jr.</p>		<p>April 15, 2005 Date 720-931-3012 Telephone Number</p>																		
<p>Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																				

The collection of information is required by 37 CFR 1.136(a). The information is needed to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22213-1450.

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PATENT
Attorney Docket No.: 408445

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Ethan R. Signer et al.
Serial No. 09/879,329
Filed June 12, 2001
For Removal of Selectable Markers From
 Transformed Cells

Examiner Sullivan, Daniel R.
Group Art No. 1636
Confirmation No. 4053

Mail Stop 16
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

July 21, 2005

**SUPPLEMENTAL REQUEST FOR REFUND
IMPROPER CHARGE OF DEPOSIT ACCOUNT**

Dear Sir:

I. REFUND REQUEST

This is a request for an additional refund, subsequent to the Request for Refund dated July 14, 2005, in the amount of \$905, with respect to the charges to Deposit Account 12-0600, shown on the statement dated May 23, 2005, for the above-identified patent application.

II. FEES CHARGED FOR WHICH REFUND IS REQUESTED

CPR §1.17(e) Request for Continued Examination (RCE); CFR §1.136(a) Petition for Extension of Time.

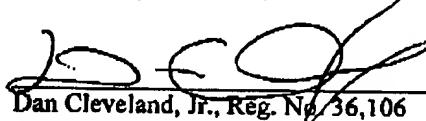
III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

On April 25th \$905 (\$395-RCE and \$510-Petition for Extension of Time) was posted to Account No. 12-0600. On May 23, 2005 \$1,300 (\$790-RCE and \$510-Petition for Extension of Time) was posted to Account No. 12-0600.

IV. MANNER OF REFUND

Please make refund of \$905 crediting Account No. 12-0600.

Respectfully submitted,


 Dan Cleveland, Jr., Reg. No. 36,106
 LATHROP & GAGE LC
 4845 Pearl East Circle, Suite 300
 Boulder, CO 80301
 (720) 931-3012



4845 Pearl East Circle
Suite 300

Boulder, CO 80301

(720) 931-3000, Fax (720) 931-3001

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(212) 850-6220, Fax (212) 850-6221

314 East High Street
Jefferson City, MO 65101
(573) 893-4338, Fax (573) 893-5398

10851 Mastin Blvd.
Building 82, Suite 1000
Overland Park, KS 66210-1669
(913) 451-5100, Fax (913) 451-0875

1845 S. National
Springfield, MO 65808-4288
(417) 888-2000, Fax (417) 888-9126

1010 Market Street
Suite 1300
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(314) 613-2500, Fax (314) 613-2550

1200 G Street, N.W.
Suite 800
Washington, D.C. 20005
(202) 434-8984, Fax (202) 434-8992

July 21, 2005

From: Dan Cleveland

Matter No.: 408445

To:	Company:	Fax Number:	Phone Number:
Commissioner for Patents	United States Patent and Trademark Office	571-273-6500	

Number of Pages Transmitted (including this cover sheet): 4

Applicant(s) Ethan R. Signer et al.

Examiner Sullivan, Daniel R.

Serial No. 09/879,329

Group Art No. 1636

Filed June 12, 2001

Confirmation No. 4053

For Removal of Selectable Markers From
Transformed Cells

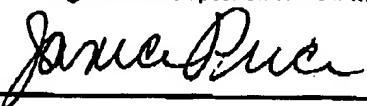
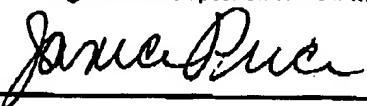
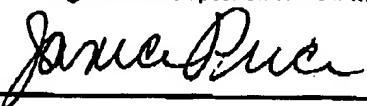
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Fax Attendant: _____

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

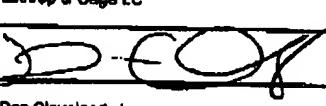
CERTIFICATE OF TRANSMISSION (37 CFR 1.8)			Atty Docket No.				
Applicant(s): Ethan R. Signer et al.			408445				
Application No.	Filing Date	Examiner	Group Art Unit				
09/879,329	June 12, 2001	Sullivan, Daniel M.	1636				
Title: REMOVAL OF SELECTABLE MARKERS FROM TRANSFORMED CELLS							
<p>Date of Transmittal: <u>July 21, 2005</u></p> <p>I hereby certify that the following documents:</p> <ol style="list-style-type: none"> 1. Transmittal Form (1 page); 2. Supplemental Request for Refund Improper Charge of Deposit Account (1 page); 3. Fax cover page <p>are being transmitted via facsimile number 571-273-6500 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Name of Depositor/Transmitter Janice Price</td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of Depositor/Transmitter </td> </tr> </table>					Name of Depositor/Transmitter Janice Price		Signature of Depositor/Transmitter 
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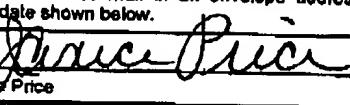
PTO/SB/21 (08-04)

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TRANSMITTAL FORM		Application Number	09/879,329
		Filing Date	June 12, 2001
		First Named Inventor	Ethan R. Signer
		Art Unit	1836
<i>(to be used for all correspondence after initial filing)</i>		Examiner Name	Sullivan, Daniel R.
Total Number of Pages in This Submission		Attorney Docket Number	408445

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Request for Refund Certificate of Facsimile Transmission Fax cover page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Lathrop & Gage LC		
Signature			
Printed Name	Dan Cleveland, Jr.		
Date	July 21, 2005	Reg. No.	36,108

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Janice Price	Date	July 21, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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